



County Borough of Smethwick.

The
Health of the Borough
in
1944.

HUGH PAUL, M.D., D.P.H.,

Medical Officer of Health,
Tuberculosis Officer, School Medical Officer
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Chief Sanitary Inspector.



COUNTY BOROUGH OF SMETHWICK
MEDICAL OFFICER OF HEALTH'S ANNUAL REPORT 1952

ERRATA

- Page 9, Line 29 Amend last sentence to read
"as regards dysentery etc."
- Page 14, Line 6 Amend to read
"neo-natal mortality rate"
- Page 15 - MATERNAL MORTALITY - Line 11 Amend to read
"and the puerperium."
- Page 25 Amend grand total to read
"1174", NOT "1236".
- Page 26, Line 4 Amend to read
"from tuberculosis during the year reached
the very low figure of 26".
- Page 27, Line 3 Amend to read
"I would like to express my personal etc."
- Page 28, Line 9 Amend to read
"During the year 25 patients were etc."
- Page 33, Line 24 Amend to read
"Health Department etc."
- Page 38 - Total Attendances 1951 - Brasshouse Lane Day
Nursery: Amend figure "7541" to read "7451".
- Page 39, Line 27 Amend to read
"patient days, a daily average of 24.4 in 1950".
- Page 54 - Chiropody Service - Other patients - Male, 1949:
amend figure "844" to read "884".

County Borough of Smethwick.

*Public Health Department,
"The Uplands,"
Hales Lane,
Smethwick,
December, 1945.*

TO THE MAYOR, ALDERMEN AND COUNCILLORS FOR THE
COUNTY BOROUGH OF SMETHWICK.

MR. MAYOR, LADIES AND GENTLEMEN,

The year 1944 was marked by few events of public health importance, and it will be remembered chiefly for the difficulties which had to be met and overcome in order to maintain even a minimum standard of efficiency. Shortage of staff, shortage of materials, and difficulties and irritations in an attempt to replace either of these seem to have been our chief pre-occupation during the year. There was more illness amongst the staff, a higher proportion was temporary and part-time, and there were innumerable changes amongst the latter.

Nevertheless, it has been found possible to maintain our services almost in full, and a great volume of work has been achieved. The infant welfare sessions, which were 14 per week in 1938, are now 10, but the total attendances of children under one year has actually increased. The number of visits to homes paid by our health visitors was one-third higher than in 1938, and both ante-natal and post-natal clinics are doing a considerably greater amount of work. Indeed it is surprising to note that the attendances at the Ante-natal Clinics which were just over 6,000 in the year before the war, were over 10,000 last year, and those at the Post-natal Clinic increased similarly by about 30 per cent.

In 1938, the municipal midwives delivered 433 mothers; in 1944, the figure was 716. Similarly, in the same period, the numbers delivered in St. Chads increased from 426 to 639.

In the tuberculosis department, there were 2,950 attendances in 1938. These rose to 4,540 in 1944, and the number of radiographs taken increased from 794 to 1,457.

This increased volume of work was not encompassed without great difficulty, and no praise can be too high for the members of my staff, medical, nursing, administrative and clerical, who by their enthusiasm and hard work, made these results possible.

It should not be forgotten that during the whole of 1944 we were at war, and therefore civil defence duties were carried out in addition to the ordinary work. Not only has there been no increase in staff for public health work, but in the case of doctors and clerks, there has been an actual decrease.

In addition to the increase in our peacetime health activities, a very great amount of time has had to be spent on such wartime measures as rationing, coupons, points, etc., for our hospitals and clinics, and on the filling in of forms usually in duplicate or triplicate, at the behest of various government departments.

VITAL STATISTICS.

There were more births in Smethwick in 1944 than in any year since 1922, and the number of infant deaths was lower than in any previous year except 1941. The infant mortality rate was 45, which

compares with 52 for the great towns of England and Wales. Strangely, the illegitimate rate was actually lower than the legitimate. The death rate was slightly lower than in the previous year, but the maternal mortality rate was high (3.92 per 1,000). The incidence of diphtheria though higher than in 1943 (the lowest recorded) was low, but three deaths occurred, all in persons who had not been immunised. The campaign for the immunisation of children against this disease appears now to be bearing fruit, and it is to be hoped that diphtheria will soon be completely eradicated. In 1944, the percentage of children under five years who had been immunised was 54.6, and for those over five years was 87.4; the latest figures show that the percentage under five years has now increased to 56.46.

There were more deaths of children from diarrhoea and enteritis, but none from measles or scarlet fever, and fewer from whooping cough and influenza. The steady rise in the death rate from cancer received its first check for many years in 1944, and it is pleasing to note a small reduction in the number of deaths from tuberculosis—a reduction which unfortunately will not be repeated in 1945. There was a substantial decrease in the number of deaths from respiratory complaints (147 to 104).

There were eight deaths from road traffic accidents.

As regards venereal diseases, there was a considerable increase in the number of persons suffering from syphilis who attended the treatment centre (from 16 to 29), but a still greater decrease in the number of cases of gonorrhoea, which dropped from 27 in 1943 to 9 in 1944. One cannot claim that Regulation 53B has been of any material service, but the publicity campaign by leaflets and posters has been well conceived, and has been most useful.

DAY NURSERIES.

The five wartime day nurseries continued in full occupation during the year, and there were 59,268 attendances, a figure rather greater than for 1943. The present position (December, 1945) is that one, the Hollies, was closed on September 30th, and the weekly attendances at the other four number approximately 900 per week. For the corresponding period of 1944, the attendances were just over 1,100 per week, but this reduction of about one-fifth is due not to a falling demand, but to a more rigid scrutiny of applicants by the Health Department Staff. It can fairly be stated that all four nurseries are working to full capacity, and there is no sign of any significant falling off in demand.

Now that the war is over, it may be useful to consider whether these nurseries have or have not fulfilled a useful purpose. The question as to their usefulness in enabling the war effort to be increased is one for the Ministry of Labour to decide, and is not of any great public health importance. Our concern is to come to some decision as to whether they have proved of value to the health of the children attending them, and of the mothers who send their children there.

The health functions of a day nursery are two-fold. The first is to improve the health, physical, mental and psychological, of the children attending them, and the second is to do the same for the mothers.

Is it better for the child to be with its mother all day, or for the child to be cared for apart from its mother for part of the day? It is agreed by almost 100 per cent of parents that it is better for *their own* children to be minded for part of the day away from their mothers, but a substantial proportion of them believe that it would not be a good thing to provide such help for *other peoples'* children. There may be a few parents who would object, even if money were no consideration, to a nannie or home help in their house to enable the mother to get some rest, but I have never actually met any. The majority of mothers, it is true, do not in fact have anyone to help them with the care of their little ones, but the reason is financial and not maternal.

We may therefore take it for granted that a mother would welcome assistance in looking after her child, and that by getting some such relief from her heavy double burden of housewife and mother, her health would improve. This help might be in one or three forms, a home help, admission to a day nursery or admission to a nursery school. The advantages of a home help are obvious. The child would get the whole attention of one person, and the mother would be near at hand if wanted, but, as one home help could only attend one home at a time, the expense would be high. The advantages of a day nursery or nursery school are much greater for the child. A child needs training and discipline from the very beginning of its life, and this training can only be suitably given when there are facilities for mixing with other children. The only child, and the lonely child are most pathetic, and lack that robust eagerness, self-confidence and vitality which is so much in evidence in any well-run nursery, private or publicly owned. The day nursery is run by a trained staff with a qualified nurse in charge, and with regular visits from a doctor. The children are taught regular habits, are given well balanced meals adequate in quantity and quality, and have proper periods of rest and sleep as well as of activity. It would be expected that the malnourished child would gain in health and vigour in such surroundings, but the normal average child also gains in health, in weight, in vitality and in happiness. The improvement which is immediately apparent in the faces of the children after a week or two at a nursery must have struck all those who have visited them.

What are the disadvantage of day nurseries? If one may seek guidance from the press they are (a) the diminishing of the sense of parental responsibility or love for the child, and (b) the risk of infection.

No parent thinks that *his* sense of parental responsibility or *his* affections are alienated if he employs a nannie, or if the child is sent to a boarding school. Surely it is time that this hoary old objection is dropped. It is obvious (and indeed it is admitted by all parents in reference to their own children) that the links between parent and child are increased rather than lessened if the mother is not compelled for all the working hours of the day, including the hours of cooking, washing and shopping, to have the child tripping over her, or in danger of falling into the fire. Why do objections on this score come only from people who themselves can afford domestic help, and never from the harassed working-cook-washerwoman-mother who must do everything herself?

What about infection? It is well known by all medical men who have charge of children's beds in hospital that infection introduced into a children's ward spreads like wildfire and hence it might be expected to spread in day nurseries. In the nurseries in this town it has not done so. Why?

In hospital the children are ill; otherwise they would not be in hospital and they are confined to the one ward. Now, ill children are naturally much more susceptible to infection than healthy ones; that is only commonsense. But the children in day nurseries are not ill; they are usually superlatively healthy and they spend much of their time in the open air. One would therefore expect that infectious diseases would not spread more in nurseries than at home.

In 1944 there was a severe measles epidemic in Smethwick and a number of children in the day nurseries contracted the disease. I therefore carried out a rough experiment to find out whether the incidence of infection was greater in the nurseries or outside. The health visitors chose at random 406 houses in their districts, unselected in every way except that there was at least one child in each house. The total number of children in these houses was 1,065, and there were 407 cases of measles amongst them. (Incidentally only 120 of these were notified—in the other cases no doctor was called). This proportional incidence in the 1,065 unselected children was almost exactly the same as for the day nurseries and suggested that this highly infectious disease was not increased in incidence by congregation in day nurseries.

There are certain groups of mothers who must go out to work; single women, widows with young children, mothers with invalid husbands. Where can they place their children, except in a day nursery? Parking out with a neighbour?

Smethwick probably has more day nurseries than the average town of its size. It has 193 places in four nurseries. But there are about 6,000 children under five in the town. Our nurseries therefore cater for 3 per cent. of the infant population.

STAFF.

Almost all our troubles in 1944 were due to difficulties in obtaining and retaining suitable staff, but these difficulties have been greatly intensified in 1945 and the position at present is well nigh desperate; we are now being compelled to consider not how we can extend our services to the public, which is what we are eager to do, but whether we shall cut them down drastically, and if so, where and how.

No woman has ever been refused advice, examination and treatment at our ante-natal or post-natal clinics. Shall we limit them now? We have for a generation built up an infant welfare organisation of which we are proud, and almost all Smethwick infants attend one of them. Shall we refuse them now? All school children are entitled to treatment under the new Education Act, but it is impossible to supply it yet. An epidemic of any serious disease would require immediate and detailed attention, but should it occur, how should we give it? What should be given up? What could we neglect?

Let me make it clear at once that the staff difficulties are not due to any action or inaction on the part of the Council or of any of its committees. Indeed during the nineteen years I have served in Smethwick I have never had a committee or council which has been more willing or eager to help and to provide assistance I have asked for. But the endeavours to secure the necessary help have been of little or no avail. The Appointments Office of the Ministry of Labour have not been helpful, but the reason has been that they have no-one to offer, or no-one suitable. The available nurses and clerks have been engaged in the national effort.

The least difficult of our staffing tasks has been that of providing nurses and domestic help at the day nurseries, and the most difficult, that of providing nurses and domestic help at the infectious diseases hospital. At the latter, it is true that we have been offered from time to time the services of girls who have been referred to us by the Ministry of Labour's Appointments Office, but mostly they have been of a most unsatisfactory type. Some of the best of them have been merely work shy and some of the worst have been dirty and lice-infested. These have either been refused, or, more commonly, have left in a few days. A very few girls have been satisfactory and have been retained.

The present position, however, is such that this hospital of six ward blocks has only one block open, and this is by no means generously staffed. The tuberculosis pavilion is closed for want of staff; the number of deaths from tuberculosis in Smethwick for 1945 will be higher than for about a generation, and about 50 per cent. higher than for 1939.

MENTAL DEFICIENCY.

The Mental Deficiency service has been one of the most difficult to maintain in wartime, and indeed, in parts, it may be said to have broken down. Before the war there was throughout the country a great shortage of institutional places for these unfortunate people, and as the Local Government Act of 1929 left us with no institutions whatever, Smethwick was in an even worse position than most towns. In 1939, the position was that most of our urgent cases were in either Monyhull (Birmingham City) or Great Barr (Walsall and West Bromwich), but we also had a substantial number placed out on licence or under guardianship in the Home Counties and in Hampshire. There was a

waiting list of low grade cases, most of whom were receiving some sort of care at home. A joint board had been formed (The West Midlands Joint Board for the Mentally Defective) comprising the County Boroughs of Burton-on-Trent, Dudley, Smethwick, Wolverhampton and Worcester, and the Shropshire and Worcestershire County Councils, for the purpose of building a 1,000 place institution at Lea Castle Kidderminster, and the necessary land had been purchased. Plans were being prepared and were well advanced when the war put a stop to all action. Since 1939 it has been almost impossible to secure a place for low grade cases and we have even found it at times impossible to provide accommodation for defectives who have been convicted by the Courts for offences and placed under the care of the Local Authority. There are at present a number of low grade defectives who are an intolerable burden on their parents and relatives and who are suffering from sheer neglect because of the impossibility of either getting them away or providing assistance in the home.

This problem can be solved in only one way, and that is by the provision of more institutional accommodation.

In spite of this depressing picture, I look forward to the future with optimism. The report on Post-war Reconstruction which I placed before the Council in 1943 received encouraging support, and the Education Act of 1944, which is a notable landmark in the history of social endeavour, will provide us with much interesting and useful work for many years to come. All the members of the Health Department staff look forward eagerly to the time when more staff and more materials will enable us to provide a health service worthy of the people who played their part so courageously in the dark days of 1940-41.

In conclusion I would like to express my sincere thanks for the sympathy and help given to me by the Chairman and Members of the Health Committee and for the loyal and devoted work of the members of my own staff.

I am, Mr. Mayor, Ladies and Gentlemen,
Your obedient servant,
HUGH PAUL, M.D., D.P.H.,
Medical Officer of Health.

Annual Report for 1944.

GENERAL STATISTICS.

AREA : 2,500 acres.

POPULATION : Census, 1931—84,406.

Estimated pre-war : 78,290.

Estimated civilian population 1944 : 72,096.

RATEABLE VALUE : £426,186.

ESTIMATED PRODUCT OF A PENNY RATE : £1,640.

RATES IN THE £ : 15s. 4d.

ESTIMATED NUMBER OF HOUSES IN THE BOROUGH : 21,169.

EXTRACTS FROM VITAL STATISTICS.

					1943	1944
BIRTHS :	Males	...	...	...	677	770
	Females	...	...	...	670	716
Total					1,347	1,486
Illegitimate Births						
included in above total...					41	70
Birth-rate per 1,000 population...					18.6	20.6
DEATHS :	Males	...	...	...	497	457
	Females	...	...	...	449	425
Total					946	882
Death-rate per 1,000 population...					13.08	12.2
INFANT DEATHS :	Males	...	...	...	58	39
	Females	...	...	...	29	28
Total					87	67
Infantile Mortality :						
Legitimate					65.0	45.9
Illegitimate					48.8	28.5
Total					64.5	45.0
Deaths of Infants under 4 weeks					40	42
Neo-natal Mortality					29.6	28.3
					1943	1944
					Rate per	Rate per
DEATHS FROM :					No. 1,000	No. 1,000
					population	population
Enteric Fever					—	—
Measles					2	—
Whooping Cough					3	2
Diarrhoea and Enteritis					—	0.02
(under 2 years)					11	14
Diphtheria					—	3
Scarlet Fever					2	—
Influenza					34	3
Cancer					156	148
Respiratory Diseases					147	104
Pulmonary Tuberculosis					61	58
Other Forms of Tuberculosis					4	5
Cerebro Spinal Fever					1	2
Road Traffic Accidents					5	8

	Smethwick.	England and Wales.	County Boro's and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County.	126 County Boro's and Great Towns including London.	148 Smaller Towns (Resident Populations 25,000 to 50,000 at 1931 Census)	London Administrative County.
BIRTHS :—								
Live	18.6	16.5	18.6	19.4	15.8	20.6	17.6	20.3
Still	0.63	0.51	0.63	0.61	0.45	0.59	0.50	0.64
DEATHS :—								
All Causes	13.08	12.1	14.2	12.7	15.0	12.2	11.6	13.7
Typhoid and Paratyphoid	—	0.00	0.00	0.00	0.00	—	0.00	0.00
Scarlet Fever...	0.02	0.00	0.00	0.00	0.00	—	0.00	0.00
Whooping Cough	0.04	0.03	0.03	0.03	0.03	0.02	0.03	0.02
Diphtheria	—	0.03	0.04	0.04	0.02	0.04	0.02	0.03
Influenza	0.47	0.37	0.36	0.37	0.27	0.04	0.12	0.10
Smallpox	—	—	—	—	—	—	0.00	—
Measles	0.02	0.02	0.02	0.02	0.02	—	0.01	0.01
Deaths under 1 year of age								
Deaths from Diarrhoea and Enteritis under 2 years of age	64	49	58	46	58	45	46	52
NOTIFICATIONS :—								
Typhoid Fever	0.01	0.01	0.01	0.02	0.01	—	0.01	0.01
Paratyphoid Fever	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Cerebro Spinal Fever	0.07	0.08	0.10	0.06	0.09	0.05	0.05	0.06
Scarlet Fever	1.77	3.01	3.29	3.54	3.80	1.83	2.41	2.67
Whooping Cough	6.26	2.54	2.82	2.25	2.68	2.27	2.49	2.29
Diphtheria	0.30	0.88	1.12	0.77	0.74	0.61	0.58	0.67
Erysipelas	0.38	0.31	0.35	0.27	0.42	0.18	0.29	0.32
Smallpox	—	—	—	—	—	—	0.00	0.00
Measles	6.83	9.88	9.23	9.77	9.17	3.08	4.16	4.51
Pneumonia	1.70	1.34	1.62	1.16	1.27	1.04	0.97	1.13
Rates per 1,000 Total Births (Live and Still) :—								
MATERNAL MORTALITY (excluding Abortion) :—								
Puerperal Infection (No. 147)	—	0.39	Not available	—	3.05	—	0.68	Not available.
Others	2.15	1.45	—	—	15.23	3.92	1.25	—
Total	2.15	1.84	—	—	including Puerperal Fever.	3.92	1.93	—
NOTIFICATIONS :—								
Puerperal Fever	4.30	11.68	15.11	9.26	3.05	5.59	10.34	13.13
Puerperal Pyrexia	—	—	—	—	15.23	—	—	—
					including Puerperal Fever.			

* A dash (—) signifies that there were no deaths.

REVIEW OF VITAL STATISTICS IN SMETHWICK DURING THE PAST 25 YEARS.

Year	Birth rate per 1,000	Death rate per 1,000	Infant mor- tality rate per 1,000 births	Zymotic death rate per 1,000	Respiratory diseases	Death rates per 1,000		
						Pulmonary Tuberculosis	Non- Pulmonary Tuberculosis	Cancer
1920	27.08	11.16	82.18	0.64	2.4	0.81	0.31	0.92
1921	25.46	11.11	88.28	0.69	2.27	0.68	0.22	0.85
1922	21.39	11.22	86.12	0.67	2.31	0.78	0.32	1.13
1923	20.24	10.82	65.49	0.79	1.82	0.93	0.17	1.04
1924	20.19	10.12	74.79	0.41	1.87	0.67	0.17	1.20
1925	18.36	10.36	80.11	0.52	1.91	0.77	0.24	1.10
1926	18.35	10.39	65.86	0.37	1.88	0.79	0.10	1.26
1927	17.0	11.9	78.6	0.61	2.26	0.84	0.05	1.19
1928	17.1	10.0	63	0.28	1.52	0.69	0.10	1.11
1929	17.8	13.4	79.8	0.70	2.58	0.95	0.12	1.23
1930	18.0	10.4	66.4	0.41	1.17	0.67	0.11	1.28
1931	18.0	11.2	69.6	0.57	1.63	0.62	0.10	1.24
1932	15.2	10.5	78.4	0.23	1.36	0.52	0.09	1.53
1933	14.4	10.8	62.0	0.16	1.60	0.62	0.05	1.44
1934	15.7	10.6	56.9	0.22	1.60	0.57	0.14	1.20
1935	14.7	11.1	60.9	0.31	1.10	0.59	0.06	1.56
1936	15.5	10.5	59.9	0.18	1.60	0.54	0.02	1.47
1937	14.6	11.5	52.5	0.27	1.64	0.70	0.02	1.35
1938	15.3	11.0	62.2	0.25	1.28	0.70	0.10	1.59
1939	14.8	10.7	54.5	0.26	1.04	0.52	0.05	1.79
1940	15.3	14.0	41.9	0.14	2.72	0.61	0.07	1.86
1941	15.09	13.9	60.0	0.18	2.10	0.84	0.06	1.89
1942	17.2	12.0	54.5	0.16	1.81	0.70	0.08	1.92
1943	18.6	13.08	64.5	0.24	2.03	0.84	0.05	2.15
1944	20.6	12.2	45.0	0.26	1.14	0.80	0.07	2.05

INFECTIOUS DISEASES.

SCARLET FEVER.

The incidence of, and mortality from, Scarlet Fever during the past five years is as follows:—

Year	Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent
1940	141	1.96	—	—
1941	220	3.06	1	0.4
1942	150	2.07	—	—
1943	128	1.77	2	1.5
1944	132	1.83	—	—

DIPHTHERIA.

The incidence of, and mortality from, Diphtheria during the past five years is as follows:—

Year	Cases notified	Attack rate per 1,000 population	Number of deaths	Case mortality per cent.
1940	44	0.61	2	4.5
1941	52	0.72	—	—
1942	47	0.64	2	4.2
1943	22	0.30	—	—
1944	44	0.61	3	6.8

The number of children immunised during the past two years is as follows:—

	1943	1944
Under five years of age	1,109	973
From five to fifteen years of age	1,211	606
Totals	<u>2,320</u>	<u>1,579</u>

At the 31st December, 1944, it was estimated that 54.6 per cent. of the child population under five, and 87.4 per cent. of children from five to fifteen were protected against diphtheria.

TYPHOID AND PARATYPHOID FEVER.

One case of paratyphoid fever was notified during the year.

CEREBRO-SPINAL FEVER.

Four cases of cerebro-spinal fever were notified, and there were two deaths. During 1943 the number of cases was 5 and 1 death, compared with 12 and 3 deaths in 1942.

WHOOPIING COUGH AND MEASLES.

Whooping Cough and Measles were prevalent during 1944. the former showing an incidence higher than for the country as a whole.

			Cases Notified		Attack-rate per 1,000 population	
			1943	1944	1943	1944
Whooping Cough	...	...	453	164	6.26	2.27
Measles	...	...	494	222	6.83	3.08

SMETHWICK & OLDBURY JOINT ISOLATION HOSPITAL. **STATEMENT OF CASES ADMITTED AND DISCHARGED DURING THE YEAR 1944.**

	Number of Cases in Hospital on December 31st, 1943.				Number of Cases Admitted during 1944				Cases Discharged, Died, or Transferred to other Institutions during 1944.				Number of Case in Hospital on December 31st, 1944.			
	Males	Females	Children under 16	Total	Males	Females	Children under 16	Total	Males	Females	Children under 16	Total	Males	Females	Children under 16	Total
SMETHWICK :																
Typhoid Fever	1	...	...	1	1	...	...	...	...
Diphtheria	1	4	5	1	9	45	55	1	10	49	60	...	...	...	...
Scarlet Fever	2	2	...	2	13	15	...	2	14	16	...	...	1	1
Measles	4	4	...	...	3	3	...	...	1	1
Whooping Cough	1	1	...	...	4	4	...	...	5	5	...	...	...	...
Erysipelas	2	2	4	...	2	2	4	...	...	...	...
Chicken-pox	1	1	...	...	3	3	...	...	4	4	...	...	...	...
Cerebro Spinal Fever	1	1	...	...	1	1	...	...	...	...
Dysentery	2	2	...	...	2	2	...	...	...	...
Streptococci Infection...	1	...	1	...	1	...	1	...	...	...	...
Septic Rash	1	...	1	...	1	...	1	...	...	...	...
Scabies	2	2	...	...	...	...	...	...	2	2	...	...	...	...
OLDBURY :																
Diphtheria	1	6	7	8	6	49	63	4	6	43	53	4	1	12	17
Scarlet Fever	3	3	2	...	7	9	2	...	9	11	...	...	1	1
Chicken Pox	1	1	1	...	...	1	1	...	...	...	...
Measles	1	1	2	...	1	1	2	...	...	...	...
Whooping Cough	2	2	...	...	2	2	...	...	...	...
WEST MIDLANDS JOINT HOSPITAL BOARD :																
Diphtheria	4	4	...	...	1	1	...	...	5	5	...	...	...	...
Totals	2	23	25	11	22	136	169	7	23	144	174	4	1	15	20

TUBERCULOSIS.

NOTIFICATIONS.

The following table shows the notifications received and the attack rate with the deaths and death-rate for each year since the commencement of the Public Health (Tuberculosis) Regulations, 1912:—

		Notifications received :		Attack Rate per 1,000 of the population :		Deaths		Death rate	
		Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms	Pulmon-ary	Other forms
1913	.....	318	50	4.3	0.68	64	20	0.87	0.27
1914	.....	143	167	1.9	2.2	84	14	1.15	0.19
1915	.....	229	103	3.1	1.4	79	15	1.09	0.21
1916	.....	204	117	2.6	1.4	91	12	1.16	0.15
1917	.....	206	126	2.6	1.6	103	6	1.31	0.07
1918	.....	194	80	2.5	1.0	97	11	1.27	0.14
1919	.....	260	60	3.5	0.8	87	9	1.19	0.12
1920	.....	146	31	1.9	0.4	62	24	0.81	0.31
1921	.....	88	14	1.1	0.18	53	17	0.68	0.22
1922	.....	112	17	1.4	0.2	61	25	0.78	0.32
1923	.....	80	18	1.02	0.2	73	14	0.93	0.17
1924	.....	110	18	1.39	0.2	53	14	0.67	0.17
1925	.....	74	24	0.9	0.3	61	19	0.77	0.24
1926	.....	94	16	1.2	0.2	61	8	0.79	0.10
1927	.....	87	38	1.1	0.49	65	4	0.84	0.05
1928	.....	73	25	0.8	0.29	59	9	0.69	0.10
1929	.....	108	34	1.2	0.4	81	11	0.95	0.12
1930	.....	76	19	0.89	0.22	57	10	0.67	0.11
1931	.....	80	29	0.93	0.33	53	9	0.62	0.10
1932	.....	65	20	0.76	0.23	44	8	0.52	0.09
1933	.....	55	16	0.64	0.19	53	5	0.62	0.05
1934	.....	72	19	0.85	0.22	48	12	0.57	0.14
1935	.....	95	19	1.15	0.23	49	5	0.59	0.06
1936	.....	81	21	0.99	0.25	44	2	0.54	0.02
1937	.....	77	4	0.95	0.04	57	2	0.70	0.02
1938	.....	78	20	0.97	0.25	56	8	0.70	0.10
1939	.....	89	15	1.11	0.19	40	4	0.52	0.05
1940	.....	52	15	0.72	0.20	44	5	0.61	0.07
1941	.....	83	10	1.15	0.14	61	5	0.84	0.06
1942	.....	102	28	1.40	0.38	51	6	0.70	0.08
1943	.....	92	20	1.27	0.27	61	4	0.84	0.05
1944	.....	126	17	1.74	0.23	58	5	0.80	0.07

The following table shows the total NEW CASES, i.e., all PRIMARY NOTIFICATIONS and also NEW CASES coming to the knowledge of the Medical Officer of Health from the death returns, transfers from other areas, etc.

TUBERCULOSIS.

AGE PERIODS.	1943				1944			
	Pulmonary.		Other forms.		Pulmonary.		Other forms.	
	M	F	M	F	M	F	M	F
0 to 1	—	—	—	—	—	—	—	—
1 to 5	—	1	—	2	2	—	2	2
5 to 10	1	1	2	4	2	4	1	2
10 to 15	2	2	2	—	2	1	2	2
15 to 20	9	8	—	3	6	3	—	2
20 to 25	4	12	2	1	6	13	1	—
25 to 35	12	8	1	3	22	11	2	3
35 to 45	11	2	1	—	14	6	1	—
45 to 55	15	2	1	—	15	7	—	—
55 to 65	5	6	—	—	16	2	—	—
65 upwards	—	2	1	—	1	3	—	—
TOTALS	59	44	10	13	86	50	9	11

The deaths from tuberculosis during 1943 and 1944 are shown as follows:—

AGE PERIODS.	1943				1944			
	Pulmonary		Other forms		Pulmonary		Other forms	
	M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	—	—	—	—	—	—	—	2
1 to 5	—	—	—	1	1	—	2	—
5 to 15	—	—	—	2	—	—	—	—
15 to 45	20	19	—	—	22	16	—	1
45 to 65	11	8	1	—	13	3	—	—
65 upwards	2	1	—	—	1	2	—	—
TOTALS ...	33	28	1	3	37	21	2	3

The number of cases remaining on the Dispensary Register on 31st December, 1944 was 584, viz:—

Pulmonary—Males ...	242	Non-pulmonary—Males ...	72
Females ...	189	Females	81
	<u>431</u>		<u>153</u>

Attendances at the Chest Clinic were as under:—

	1943	1944
First examinations	656	793
Re-examinations	601	857
Consultations	1,019	1,287
Mantoux Tests	204	157
Artificial-pneumothorax	467	588
Gold treatment	43	63
Artificial light treatment	498	795
Total attendances	<u>3,488</u>	<u>4,540</u>
Number of X-Ray examinations	1,139	1,457
Visits to patients at Home:—		
(a) By Health Visitor	1,734	1,350
(b) By Clinician T.O.	234	265
Patients admitted to Sanatoria	107	142
Patients discharged from Sanatoria	93	116
Patients died in Sanatoria	13	13
Patients remaining in Sanatoria at end of year	38	51

PULMONARY TUBERCULOSIS — TREATMENT ALLOWANCES.

SUMMARY OF APPLICATIONS DEALT WITH DURING YEAR ENDED 31ST DECEMBER, 1944.

	Patients in Sanatoria, etc.	Weekly Expenditure	Patients at Home.	Weekly Expenditure	Cases Total	Cost Total Weekly
Allowances in payment 1/1/44 ...	5	£4 16s. 6d.	29	£41 2s. 6d.	34	£45 19s. 0d.
New cases and re-applications during year ...	9		47		56	
Allowances ceased ...					54	
Allowances in payment 31/12/44 ...	11	£19 9s. 6d.	25	£31 12s. 6d.	36	£51 2s. 0d.
Allowances have ceased during the year for the following reasons:—						
Commenced work ...	...	24	Increased Income	...	...	2
Out of scope ...	...	12	Left District	...	...	1
Admitted to Institution (no dependants) ...	...	11				—
Died ...	...	2			Total	54
Period expired ...	...	2			...	—

Cases investigated but found ineligible for assistance totalled 12, as follows:—

Other means ...	...	7	Recommended work	...	...	1
Refused treatment ...	...	2	Application withdrawn	...	...	1
Left district ...	...	1			Total	12

The amount of allowances disbursed during the year totalled £2,521, made up as follows:—

Maintenance allowances ...	£2,456
Discretionary allowances ...	£37
Special payments ...	£28
	<hr/> £2,521 <hr/>

MENTAL DEFICIENCY ACTS.

The following is an extract from the Return of Mental Defectives as on 1st January, 1945, submitted to the Board of Control:—

	M.	F.	Total
Number of cases in Institutions (excluding cases on licence)	38	30	68
Number of cases on licence from Institutions	3	3	6
Number of cases under Guardianship ...	5	5	10
Number of cases in "places of safety" ...	—	—	—
Number of cases under Statutory Supervision	136	105	241
Number of cases in receipt of Poor Law Relief:—			
(a) In Institutions	1	2	3
(b) Domiciliary	4	7	11

VENEREAL DISEASES.

By arrangement, treatment is available for Smethwick patients at the General Hospital, Birmingham, and the figures below are taken from the report received from the Medical Director of the V.D. Department:

A. Number of Smethwick patients dealt with at or in connection with the Out-Patient Clinic for the first time and found to be suffering from:—

	1943	1944
Syphilis	16	29
Soft Chancre	—	—
Gonorrhoea	27	9
Conditions other than Venereal	116	96
	<hr/> 159	<hr/> 134

B. Total number of attendances at the Out-patient
Clinic of all persons residing in Smethwick

2,535 2,383

ST. CHAD'S HOSPITAL.

STATISTICS RELATING TO THE YEARS 1943 AND 1944.

(A) IN-PATIENTS.

	1943	1944
1. Total number of admissions (including infants born in Hospital)	2,810	2,820
2. Number of women confined in Hospital ...	536	639
3. Number of live births	527	627
4. Number of still-births	20	22
5. Number of deaths among the newly-born (i.e., under four weeks of age)	25	19
6. Total number of deaths among children under one year (including those given under 5)... ..	41	31
7. Number of maternal deaths among women admitted to hospital for confinement ...	—	5
8. Total number of deaths	159	162
9. Total number of discharges (including infants born in Hospital)	2,625	2,634
10. Duration of stay of patients included in 8 and 9 above. Number of cases whose total stay was for the following periods:—		
(a) Under four weeks	2,449	2,473
(b) Four weeks and under thirteen weeks	305	279
(c) Thirteen weeks or more	30	44
11. Number of beds occupied (excluding cots in maternity wards): average during the year	111.5	125.9
12. Number of surgical operations under general anaesthetic (excluding dental operations)	958	965

(B) OUT-PATIENTS.

There is at present no out-patient department in connection with St. Chad's Hospital.

CLASSIFICATION OF IN-PATIENTS WHO WERE DISCHARGED
FROM OR WHO DIED IN THE INSTITUTION DURING THE YEAR
ENDED 31st DECEMBER, 1944.

Disease Groups					Children under 16 years of age		Men and Women	
					Dis- charged	Died	Dis- charged	Died
A.	Acute Infectious Disease	...			3	1	9	3
B.	Influenza	...	...	...	—	—	—	—
C.	Tuberculosis :—							
	Pulmonary	...	...		1	—	24	4
	Non-pulmonary	...	...		4	3	5	—
D.	Malignant Disease	...	...		—	—	24	20
E.	Rheumatism :—							
	(1) Acute Rheumatisms (Rheumatic Fever) together with sub-acute rheumatism and chorea	...			6	2	10	1
	(2) Non-articular manifestations of so-called "rheumatism" (mus- cular rheumatism, fibrositis, lumbago and sciatica)	...			—	—	6	—
	(3) Chronic arthritis	...			—	—	3	—
F.	Venereal Disease	...	...		—	—	—	—
G.	Puerperal Pyrexia, including cases classified (in London) as :—							
	(a) Women confined in Hospital	...			—	—	4	—
	(b) Other cases	...	...		—	—	—	—
H.	Other diseases and Accidents con- nected with pregnancy and childbirth	...	...	...	—	—	123	6
I.	Mental Diseases :—							
	(a) Senile Dementia	...			—	—	—	—
	(b) Other	...	...	...	—	—	—	—
J.	Senile Decay	...	...	...	—	—	—	2
K.	Accidental Injury and Violence	...			18	—	30	5
	In respect of cases not included above :—							
L.	Diseases of the Nervous System and Sense Organs	...	...		42	1	35	9
M.	Diseases of the Respiratory System				36	4	98	22
N.	Diseases of the Circulatory System...				5	2	63	14
O.	Diseases of the Digestive System	...			350	2	253	13
P.	Diseases of the Genito-Urinary System	...	...	...	4	—	130	9
Q.	Diseases of the Skin	...	...	...	13	—	33	2
R.	Other Diseases	...	...	...	29	31	50	3
S.	Mothers and Infants discharged and not included in above figures :—							
	Mothers	...	...	...	—	—	614	—
	Infants	...	...	...	594	—	—	—
T.	Any persons not falling under any of the above headings	...			10	—	5	3
					1,115	46	1,519	116
					2,796			

ANNUAL REPORT ON THE WORK OF THE PATHOLOGICAL LABORATORY—1944.

St. Chad's Hospital:—

Routine urine examinations	...	...	...	416
Urea clearance tests	..	...	...	12
Urea concentration tests	...	...	...	9
Zondeck-Asheim tests (sent out)	...	...	...	6
Urine for T.B.	...	...	...	7
Routine blood counts	...	...	...	389
Differential counts (not included in above)...				30
Reticulocyte counts	...	...	...	9
Bleeding and clotting time estimation			...	4
Blood fragility test	...	...	...	1
Blood culture	...	...	...	22
Widal examinations		...	...	21
Blood urea est	...	...	...	110
Blood sugar est (single spec.)		...	...	26
Diurnal variation (four spec. each.)		...	...	15
Sugar tolerance (five spec. each.)	...	...	...	7
Sheep cell agglutination	...	...	...	1
Sod. thiocyanate estimation		...	...	6
Sulphonilamide estimation	...	...	...	4
Blood chloride estimation	...	...	...	1
Blood groups (recorded)	...	...	...	29
Sedimentation rates	...	...	...	133
Van-den-Bergh reaction	...	...	...	5
Serum bilirubin estimation		...	...	1
Serum protein estimation	...	...	...	1
Kahn reaction	...	...	...	11
Wasserman's reaction (sent out)		...	...	80
Gonococcal fixation test (sent out)		...	...	5
Faeces for Typhoid/Dysentery		...	...	54
Faeces for occult blood	...	...	...	59
Faeces for T.B.	...	...	...	25
Test meals	...	...	...	46
Nose and throat swabs	...	...	...	62
Swabs for K.L.B.	...	...	...	5
Vaginal swabs	...	...	...	91
Other swabs for bacteriology		...	...	119
C.F.S. routine examinations		...	...	61
Lange reaction	...	...	...	15
Peritoneal, Pleural or pericardial fluids		...	...	30
Streptococcal groups (Lancefield)	...	...	...	10
Penicillin sensitivity tests	...	...	...	4
Sputum for T.B.	...	...	...	107
Sputum for Bact./or vaccine		...	...	57
Laboratory examinations for sick or new Staff				48
Postmortem examinations	...	...	...	66
Surgical sections (Histology)		...	...	141
Postmortem histology	...	...	...	21

Holly Lane Hospital:—

Sputum for T.B.	...	...	...	...	48
Pus for T.B.	...	...	...	...	3
Urine for T.B.	...	...	...	...	1
Differential blood count		...	...	...	1
C.S.F. routine examination			...	...	3
Pleural fluid examination		...	...	...	2
					<hr/> 58 <hr/>

Chest Clinic:—

Sputum for T.B.	...	...	...	...	6
Pus for T.B.	...	...	...	...	7
Vaginal swab	...	...	...	...	1
Pleural fluid (Bact.)		...	...	...	2
Sedimentation rates		...	...	...	5
Blood counts	...	...	...	...	11
Urine routine	3
Swabs for bacteriology		4
					<hr/> 39 <hr/>

"The Hollies":—

Sedimentation rates	13
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Firs Clinic:—

Vaginal Swabs	5
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School Clinics:—

Sedimentation rates	3
---------------------	-----	-----	-----	---

Total specimens from all sources	...	<hr/> 2,500 <hr/>
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In addition to the above the laboratory controls and issues blood, plasma and glucose saline for transfusion and intravenous drips. The laboratory is recognised by the Regional Transfusion Officer. Penicillin is controlled and issued by the laboratory. All media and pathological outfits are prepared in the laboratory. It will be seen that a very comprehensive service including Public Health work is offered by the laboratory, and every opportunity to increase this service will be taken in the future.

(Signed) C. W. TAYLOR.

INFANTILE MORTALITY DURING THE YEAR 1944.

CAUSE OF DEATH	0-1 week	1-2 weeks	2-3 weeks	3-4 weeks	Total under 4 weeks	1-2 m'ths	2-3 m'ths	3-4 m'ths	4-5 m'ths	5-6 m'ths	6-7 m'ths	7-8 m'ths	8-9 m'ths	9-10 m'ths	10-11 m'ths	11-12 m'ths	Total
Cerebro-spinal Fever ...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	2
Tuberculous Meningitis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1
Miliary Tuberculosis ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Congenital Syphilis ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Other Dis. of Circulatory System ...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1
Broncho-pneumonia ...	...	...	...	1	1	...	...	...	...	1	...	...	1	...	...	...	3
Pneumonia ...	...	2	3	...	5	...	1	2	...	1	1	...	...	2	1	...	1
Gastro-enteritis ...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	12
Pyloric Stenosis ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Intussusception ...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1
Spina Bifida ...	...	...	...	1	1	...	1	...	...	1	...	...	...	...	...	...	2
Congenital Malf. of Heart ...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Haemorrhagic Disease of New-born ...	2	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	2
Congen. Debility & Marasmus ...	2	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	4
Premature Birth ...	24	...	2	1	27	...	...	...	...	...	...	...	...	...	...	...	27
Intra-cranial Haemorrhage ...	3	...	...	...	3	...	...	...	...	...	...	...	...	...	...	...	3
Asphyxia (Violent Death) ...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	2
TOTALS:—	32	2	5	3	42	3	4	3	3	3	3	1	1	2	2	...	67

MATERNITY AND CHILD WELFARE.

SUMMARY OF STATISTICS FOR THE YEAR 1944.

BIRTHS.

The number of births notified during the past five years under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was as follows:—

		1940	1941	1942	1943	1944
Live Births	...	1,041	1,058	1,254	1,343	1,501
Still Births	...	36	26	37	46	43
		<u>1,077</u>	<u>1,084</u>	<u>1,291</u>	<u>1,389</u>	<u>1,544</u>

Comparison with the returns of the local Registrar shows that very few births escape notification.

HEALTH VISITING.

The Council employs a Superintendent and thirteen health visitors who are also School nurses, the equivalent of seven whole-time visitors being engaged in Maternity and Child Welfare work. The number of visits paid during the two years was:—

			1943	1944
(i)	To Expectant Mothers	... First Visits	866	879
		Total Visits	1,806	1,762
(ii)	To Children under one year of age	... First Visits	1,263	1,439
		Total Visits	6,593	5,827
(iii)	To Children between one and five years of age	... Total Visits	9,384	8,550

The total number of visits paid by the health visitors during the past six years is as follows:—

1939	.....	23,942	1942	.....	26,349
1940	.....	23,507	1943	.....	30,033
1941	.....	26,981	1944	.....	24,730

INFANT WELFARE CENTRES.

The number of Centres provided and maintained by the Council is seven, with ten sessions weekly; the total attendances during the past five years was:—

			Under 1 year	1—5 years	Total
1940	...	...	15,553	9,069	24,622
1941	...	...	13,760	6,968	20,728
1942	...	...	17,675	6,459	24,134
1943	...	...	20,119	7,094	27,213
1944	...	...	20,765	6,584	27,349

			1943	1944
Number of children attending for the first time	Under 1 year	...	1,205	1,348
	1—5 years	...	270	339
Total		...	1,475	1,687
Number of children on the registers at end of year	Under 1 year	...	1,011	1,229
	1—5 years	...	1,791	1,851
Total		...	2,802	3,080

The number of children under one who attended for the first time equalled 87.5 per cent. of the notified births in 1944 and 89.7 per cent in 1943.

OPHTHALMIA NEONATORUM.

			1943	1944
Number of cases notified	...	...	8	9
Cases treated by health visitors	...	...	1	—
Cases treated at Eye Hospital	...	...	8	8
Cases resulting in impaired vision	...	...	—	—
Home visits	...	...	40	48
Notifications during the past ten years:—				
1935	22	1940	6	
1936	23	1941	14	
1937	9	1942	8	
1938	14	1943	8	
1939	5	1944	9	

ANTE-NATAL CLINIC.

Since the establishment of the first Ante-Natal Clinic in 1920, the total attendances have been as follows:—

1920	42	1933	3,771
1921	107	1934	4,412
1922	127	1935	5,169
1923	241	1936	5,044
1924	275	1937	5,201
1925	537	1938	6,226
1926	1,015	1939	6,739
1927	1,079	1940	6,336
1928	1,465	1941	7,221
1929	2,253	1942	8,526
1930	3,760	1943	8,988
1931	3,859	1944	10,093
1932	3,509		

During 1944, 1,617 individual women attended the clinic, during 1943 the number was 1,510.

POST-NATAL CLINIC.

	1941	1942	1943	1944
Individual patients attending	266	394	352	500
Percentage of notified births	24	30	26	32
Total attendances	844	1,054	996	1,345

MUNICIPAL MIDWIVES.

	1941	1942	1943	1944
Number of bookings	665	773	729	796
Ante-natal visits	2,918	3,892	4,123	3,426
Cases attended	559	642	664	716
Nursing Visits	12,894	13,987	15,415	14,437

The number of cases in which medical aid was summoned during 1944 was 240 and during 1943, 202. These figures are in connection with domiciliary cases and include municipal and independent midwives.

MATERNAL DEATHS.

Number of women dying in, or in consequence of, childbirth :—

1943 (1) Sepsis — (2) Other causes 3

1944 (1) Sepsis — (2) Other causes 6

The Maternity mortality rate for the past twenty years was :—

1924	3.7	1931	1.9	1938	3.3
1925	4.1	1932	5.4	1939	3.4
1926	3.5	1933	3.2	1940	2.6
1927	3.0	1934	5.3	1941	2.7
1928	4.2	1935	3.3	1942	3.9
1929	5.2	1936	2.3	1943	2.1
1930	4.5	1937	2.5	1944	3.9

The rate for England and Wales was 2.29 for 1943 and 1.93 for 1944.

WAR-TIME NURSERIES.

In January, 1941, the first War-time Nursery was established at "The Hollies." The numbers attending were at first small, but as the facilities became known and appreciated the numbers went up to capacity, i.e., 30 children.

On 27th December, 1943, the accommodation was increased from 30 to 50 children by provision of another large room which was built on the west side of the Recreation Room.

The accommodation at Edgbaston Road Nursery was also increased from 50 to 60 children on 30th April, 1943 and during the year 1944 a similar increase was agreed to by the Ministry of Health at Brasshouse Lane Nursery.

The demand for Day Nursery accommodation has been maintained during the year and all five Nurseries are operating to capacity. The total attendance during 1944 was 59,268. The number of individual children at present on the register is 212. The average daily attendance at *all* nurseries during the year (excluding Saturdays) was 211.

Nursery	Number of Places	Total Attendances 1944	Average daily Attendances
1. The Hollies	50	12,902	44
2. Brasshouse Lane, opened 12/1/42	60	12,571	44
3. Holly Lane (opened 13/4/42)...	33	8,649	31
4. Edgbaston Road (opened 22/6/42)	60	15,344	54
5. Norman Road (opened 14/12/42)	40	9,802	35

REPORT OF THE CHIEF SANITARY INSPECTOR

SANITARY ADMINISTRATION.

I beg to submit my report on the Sanitary Administration of the Borough for the year 1944. I am able to record the performance of a greater volume of sanitary work than in any previous year since the outbreak of war, the reason for this being that we have had for the first time three district Inspectors who were able, throughout the year, to devote nearly the whole of their time to public health work. Also the gradual relaxation in Civil Defence measures has reduced the demands made upon my own time for training; thus the total number of visits paid by Inspectors for all purposes during the year was 15,696. This compares with 10,587 in 1943, 7,565 in 1942, 6,869 in 1941 and 6,204 in 1940. The number of sanitary defects dealt with by the service of notices is 3,558, the highest since 1938. During the war the defects dealt with dropped to as low as 1,836 in 1941 and 1,755 in 1942.

In spite of the substantial increase in the visits of inspection which it has been possible to make, it would be idle to claim that there is any appreciable improvement in the sanitary condition of the working class house property in the town. The deterioration that has been building up due to shortage of staff, scarcity of building labour and materials, etc., has left a problem which cannot be fully solved until conditions return to something like normal. I referred to this in my report for 1943 and the remarks I made still apply. Therefore instead of paraphrasing what I then said, I quote the following extract verbatim.

"I have pointed out in each war-time report that there is a gradual deterioration in the condition of house property in the town, especially the poorer type of property. Taking the short term view this is unfortunate because of the discomforts and inconveniences that the tenants of these houses have to suffer. But in the long run, it may prove to be not a bad thing if houses which cannot by present civilised standards be regarded as fit domiciles for human beings, should after the war be in a state so decrepit that their unfitness is easily demonstrable even to County Court Judges and Ministry of Health Inspectors.

One realises that Housing will be a first priority in post-war reconstruction. And one also acknowledges that the rapid construction of large numbers of houses for those families who will be without any kind of home of their own at the end of the war will have first call upon the energies of Local Authorities. At the same time one hopes that the first acute shortage will be satisfied within reasonable time, so that a new wholesale clearance of unfit houses may be embarked upon. About one-third of existing houses in Smethwick are unfit, judged by present-day standards, to be regarded as dwellings for human beings. A big proportion of them ought never to have been admitted on any standards. Therefore I look forward to a time not too far distant when a wholesale redevelopment of the town will be undertaken, giving to

every family a sanitary and cheerful habitation, in which the maintenance of bodily health and cleanliness will be possible, and sited so as to be out of the range of industrial dirt, industrial noise and industrial ugliness. This can only be done by drastic planning for the future, and the first step towards its achievement must surely be a revision of the borough boundaries."

FOOD.

The quantity of unsound food condemned and destroyed has been just over three tons, or a little over one and a half ounces per head of the population for the whole year. This is a decline on last year when the quantity was four and three quarter tons or 4.24 ounces per head. This is a satisfactory condition of affairs and it indicates that the amount of waste due to deterioration has been comparatively very small; much less than was the average in pre-war years.

RODENT CONTROL.

In September, 1943, the Ministry of Health instituted a simultaneous national campaign against rats and mice and this has necessitated a large number of visits by Sanitary Inspectors. The number of such visits since the opening of the campaign until the end of the present year was 3,951 of which 3,651 were made in 1944. Brief statistics of the work performed and the results achieved are given in the body of the report, and it will be readily seen from a study of these statistics that quite a large proportion of the time and energy of the Sanitary Inspectors has had to be diverted to this work.

CONCLUSION.

I wish to tender grateful thanks to the members of my staff, especially the Sanitary Inspectors who have worked untiringly under conditions of unprecedented difficulty in order to maintain as high a standard of environmental hygiene as possible. Also my thanks are due to the Chairman and Members of the Health Committee for their continued support and to the Medical Officer of Health for his unfailing courtesy to myself and friendly advice and help at all times.

JOHN H. WRIGHT,

Chief Sanitary Inspector.

SANITARY INSPECTION OF THE AREA

SUMMARY OF INSPECTIONS.

The total number of visits paid to all premises for all purposes was 15,696 compared with 10,587 in the previous year. These inspections are analysed in the following table:—

TABLE 1.

Housing Act Inspections	...	..	...	...	19
Housing Act Re-visits	...	...	...	...	405
Housing Work in Progress	...	...	...	...	37
On Complaint	...	...	...	...	2,131
Re-visits re Notices served	...	...	...	...	5,545
Ashes Accommodation	...	...	...	...	856
Re-visits re above	...	...	...	...	776
Infectious Diseases	...	...	...	...	268
Meat and Food Shops	...	...	...	...	252
Meat Regulations	...	...	...	...	7
Private Slaughtering	...	...	...	...	117
Markets Inspected	...	...	...	...	40
Dairies and Milk Shops	...	...	...	...	81
Bakehouses	...	...	...	...	11
Food Sampling	...	...	...	...	540
Factories	...	...	...	...	78
Outworkers	...	...	...	...	1
Stable	...	...	...	...	1
Pigsties	...	...	...	...	24
Rats and Mice D. Act	...	...	...	...	3,651
Smoke Observations	...	...	...	...	9
Drains Tested	...	...	...	...	13
Visits re Smoke Abatement	...	...	...	...	8
Miscellaneous	...	...	...	...	813
Waste Water Closets	...	...	...	...	13
Total					15,696

SUMMARY OF DEFECTS.

In the following table appears a summary of the various defects encountered in the course of visits paid to all premises, together with the number of defects remedied, under each heading:—

TABLE 2					Defects Found	Defects Remedied
Cleansing	...	...	...	...	302	250
Roofs	...	...	...	...	588	445
Blocked Drains	...	...	...	...	132	127
Paving	...	...	...	...	7	5
Sinks and Waste Pipes	...	...	...	...	43	47
Accumulations	...	...	...	...	7	8
Plaster	...	...	...	...	531	375
Ashbins	...	...	...	...	611	488
W.C's.	...	...	...	...	158	172
W. W. C's. Converted	...	...	...	...	2	3
Lighting and Ventilation	...	...	...	...	95	86
Animals	...	...	...	...	1	1
Water Fittings	...	...	...	...	26	23
Smoke	...	...	...	...	2	1
W.C. Accommodation	...	...	...	...	1	2
Lack of Sinks	...	...	...	...	1	—
Dampness	...	...	...	...	142	86
Water Supply	...	...	...	...	6	3
Dangerous Buildings	...	...	...	...	1	1
Drainage	...	...	...	...	25	23
Food Storage	...	...	...	...	2	—
Coal Storage	...	...	...	...	3	—
Heating	...	...	...	...	13	10
Washboilers	...	...	...	...	88	62
Brickwork and Chimneys	...	...	...	...	123	131
Floors	...	...	...	...	146	95
Firegrate	...	...	...	...	106	86
Stairs	...	...	...	...	29	17
Rain Water Cisterns	...	...	...	...	13	7
Woodwork	...	...	...	...	219	182
Miscellaneous	...	...	...	...	133	102
Lack of Washboiler	...	...	...	...	1	—
W.C. not separate for Sexes	...	...	...	...	1	—
Hot Water Fittings	...	...	...	...	—	1
Fencing	...	...	...	...	—	1
Total					3,558	2,840

WATER SUPPLY.

The Borough is supplied with water by the South Staffordshire Waterworks Company. The source is from deep boreholes through red sandstone, and the water has a hardness of about 16 to 17 parts in 100,000. Quality and quantity have been well maintained.

The following table shews that only a very small proportion of houses now share a common water supply, the percentage of such houses being 1.1.

	Houses	Population	Percentage
Internal water supply	20,346	69,175	95.9%
Separate outdoor supply	625	2,125	3.0%
Communal water supply	247	840	1.1%

INSPECTION AND SUPERVISION OF FOOD.

(a) *Milk Supply.*

During the year 52 samples of milk were taken and submitted to the University of Birmingham Public Health Laboratory for biological examination for the detection of tubercle bacilli.

Seven of the samples gave positive results, 44 were negative and in three cases the examination was inconclusive. The proportion of positive samples is approximately 14 per cent. This is the highest since routine examinations for tubercle were commenced. The second highest was 13 per cent. in 1933, but from that year onwards the figure gradually declined until 1937, when the percentage was only 5.07 the lowest ever attained.

The number of samples submitted for bacteriological examination was 57 and the results are summarised in the following table.

Type of Milk	No. of Samples	Tests Applied	Satisfactory	Unsatisfactory
Pasteurised ...	22	Phosphatase ...	20	2
		Plate Count ...	14	8
		Methylene Blue ...	2	1
		B. Coli ...	14	8
Tuberculin Tested (Pasteurised) ...	1	Phosphatase ...	1	—
		Plate Count ...	—	1
		Methylene Blue ...	1	—
		B. Coli ...	1	—
Tuberculin Tested	3	Methylene Blue ...	—	3
		B. Coli ...	—	1
		Plate Count ...	3	—
Heat Treated ...	20	Phosphatase ...	6	14
		Methylene Blue ...	3	17
Sterilized ...	3	Methylene Blue ...	1	—
		Phosphatase ...	1	—
		Plate Count ...	2	—
		B. Coli ...	2	—
Raw ...	8	Plate Count ...	7	1
		B. Coli ...	7	1

(b) *Meat and Other Foods.*

The slaughtering of animals for sale for human consumption is still carried out centrally at the Birmingham Abattoir, but pig-keepers are permitted to slaughter an occasional pig for home consumption. The number of such pigs slaughtered and examined during the year was 137.

The total quantity of food condemned and destroyed for disease or unsoundness was 3 tons 2 qrs. 15 lbs. 10½ ozs.

FOOD AND DRUG ACT, 1938.

The number of samples of foods and drugs purchased or procured and submitted to the Public Analyst for chemical analysis was 283. The results are tabulated below:—

	No. taken	No. not genuine
Milk	123	3
Other Foods	103	8
Drugs	57	3

SLUM CLEARANCE.

During the year the demolition of 20 houses in Halfords Lane was completed. These houses comprised a Clearance Area which was represented in the year 1933 and which the Ministry of Health allowed on grounds of extreme urgency and danger.

PROSECUTIONS.

The owners of 23 houses were summoned to appear at the Law Courts for failure to comply with Statutory Abatement Notices served under the Public Health Act. In 17 of these cases the Court made Nuisance Orders and imposed costs. In 6 cases the summonses were withdrawn on payment of costs, the work being completed before the date of the hearing.

The proprietor of a dairy outside the borough who sends a considerable quantity of milk into the town was prosecuted for failing properly to cleanse bottles used for containing milk. The case was a bad one, and the dairy concerned had given the department a good deal of trouble. The Court took a serious view of the case, fining the defendant £28 and £1 costs.

RODENT CONTROL.

The work carried out in connection with the nation-wide campaign against rats and mice initiated by the Ministry of Food, Infestation Division, in 1943 has taken up a good deal of the time and energy of the sanitary inspectors' department.

The work has been carried out in conformity with the Ministry's directions and, except for the baiting of sewers, it has been done without any extra assistance. The results as briefly summarised below are regarded as highly satisfactory.

STATISTICS FROM OPENING OF CAMPAIGN (SEPTEMBER, 1943) TO END OF DECEMBER, 1944.

Surface Infestation :—

Number of visits	...	...	...	...	3,951
Number of areas cleared of rats	...	...	...	...	103
Number of premises involved in cleared areas	...	...	...	...	201
Estimated number of rats destroyed	...	...	...	...	2,970

Sewer Infestation :—

Number of manholes baited :—					
(a) First treatment	...	...	...	...	748
(b) Second treatment	...	...	...	...	155
Estimated number of rats destroyed	...	...	...	...	2,013
Total number of Rats destroyed	...	...	...	...	4,983

